



**AN ASSESSMENT OF POST 2004
CROSS CULTURAL LEADERSHIP INSTITUTE
IMPACT AND ACTIVITIES**

TABLE OF CONTENTS

Introduction.....	3
Background.....	3
Methodology.....	3
Timeline.....	5
Findings.....	5
Section 1: Disparities contractors.....	5
Capacity building.....	6
Cross Cultural Collaboration.....	6
Sustainability.....	6
Section 2: CCLI Participants of Year One.....	7
Section 3: CATALYST.....	11
Recording Data.....	11
System Incompatibility.....	11
In Summary.....	12
Limitations of the Assessment.....	12
Short Time Line.....	12
Contractual Staff Changes.....	12
Format Changes.....	12
Conclusion.....	13
Acknowledgements.....	14
APPENDIX 1.....	15
TABLE 1.....	21

Introduction

In May of 2005, the Cross Cultural Health Care Program (CCHCP) was contracted by Washington State Department of Health Tobacco Prevention and Control Program (TPCP) to assess the impact of the 2004 Cross Cultural Leadership Institute (CCLI) on the activities of Institute graduates during 2005 (the year following the Institute). CCHCP's primary task was to gather information directly from participants and contractors about influences and effects the Institute had on their work.

Background

The CDC's long-term goals adopted by the Washington State tobacco program included identifying and eliminating health related disparities in populations. Community strategies were designed to achieve this goal. In an effort to support this strategy, in SFY 2004, CCLI was developed, executed and evaluated by the Tobacco Prevention Resource Center (TPRC), its subcontractor the Center for Multicultural Health (CMCH) and a team of staff and consultants from Asian Pacific Partners for Empowerment Leadership (APPEAL). Its design is based on APPEAL's national Tobacco Leadership Program.

The goal of CCLI was to build community capacity by engaging, training and mobilizing community members as tobacco prevention and control leaders in the African-American (AA), Asian/Pacific Islander (A/PI), Hispanic/Latino, Lesbian/Gay/Bisexual/Transgender (LGBT), and Urban Indian (UI). The Institute graduates would, in turn, develop and implement appropriate tobacco prevention and control programs for their communities.

Methodology

A year after the first CCLI, the State Tobacco Prevention and Control Program wanted to document the impact of the Institute on the participating communities. The goals of the assessment were threefold:

1. Document the applied model
2. Measure post CCLI activities and outcomes
3. Assess if the model can be replicated for building community coalitions

The assessment project was conducted during May, June and early July 2005. Four groups were identified: TPCP staff, and Disparities/Cross Cultural Contractors, CCLI Organizers and Community participants. (Appendix 1)

Interview questions were designed for each group conducted during this time frame. Additionally, an informational meeting with the TPCP's Tribal and Disparities Contract Manager was held. The following steps were taken to conduct the assessment:

1. Consultations were held with Dr. Clarence Spigner (University of Washington consultant), and Mike Boysun (TPCP Epidemiologist) on the questions and

methodology to be used, who would be surveyed, and the expected outcomes of the CCLI assessment.

2. TPCP staff were interviewed to develop an understanding of:
 - a. the expected outcomes of the CCLI;
 - b. TPCP's expectations of and suggestions for the assessment process;
 - c. the background and history of the Institute
3. Interviews with CCLI organizers to identify:
 - a. the need for CCLI;
 - b. how the model was developed and implemented;
 - c. why the APPEAL process was chosen and modified to fit the needs of the communities of Washington State;
 - d. how the CCLI was conducted;
 - e. their general perceptions of Washington's first CCLI.
4. Interviews with the TPCP Disparities Contractors were conducted to obtain their views on the impact of the first CCLI and the expected outcomes, as defined by TPCP.
 - a. Ensure the five disparities contractors have community members with sufficient knowledge, skills, and commitment to serve on community-based, tobacco advisory committees.
 - b. Assist the five disparity contractors to achieve their short and long term goals by increasing community-wide engagement and building sustainable community commitment and capacity.
 - c. Accomplish the above across the five contracted communities in the most efficient and effective way possible.
5. Interviews with a sampling of the CCLI community participants were conducted to identify the activities each had conducted following the CCLI and why the CCLI was important to this work.

The assessment findings are evaluated in this report to determine the impact of the CCLI on capacity building of the five TPCP disparities contractors and the CCLI participants.

Each step had its challenges and successes, which are discussed in the *Limitations of the Assessment* section of this report. Anonymity of the interviewees is maintained in this report and no one interviewee is referred to by name though the communities and their activities may be referenced.

Timeline

Initial interviews, development of final evaluation methodology and the process of data gathering was launched in early June 2005 and completed by the end of contract period. Originally 15 past participants of the CCLI were contacted to engage in conversations about the CCLI; 13 participants responded to requests for surveys/interviews. Tabulation and evaluation of data received from the five TPCP disparities contractors, year one CCLI participants, and CATALYST was all conducted within the said period of the project.

Originally the 2004 CCLI participants were to be contacted by phone for a short 10-20 minute interview, but it was determined that emailing past participants would be a more time effective and efficient strategy for completing the process, given approaching deadlines. Soon after the emails were sent, it became clear that the timing of the project would make securing responses from participants a challenge. Individuals were frequently out of the office for vacations, travel, or involvement in large community summer events that spanned days at a time. However, alternate individuals were contacted to ensure accurate representation from each community.

The process was successful in achieving its purpose. CCHCP successfully met with all five DOH contractors via conference calls. Collaborative and effective discussions ensued and valuable data and suggestions were shared. Information about the process was effectively disseminated to CCLI participants and 13 out of 15 participant responses were gathered through either phone interviews or completed email surveys to measure the outcomes of the first CCLI. These are documented in the *Findings* section.

Findings

The *Findings* section is divided into three parts. The first part focuses on findings from interviews with TPCP staff and contractors. The second part focuses on the findings from participant surveys and interviews. The third part focuses on the TPCP reporting system, CATALYST.

Section 1: Disparities contractors.

Information in this section summarizes interview conversations held with state contractors. The interview format was flexible so that the impact of changes in contracted staff would be included. This section documents the following:

- Background information of the first CCLI
- Effectiveness of CCLI in mobilizing target communities
- Recommendations/input from state contractors on project implementation.

Contractors described the process for the selection of the CCLI participants as a detailed application and review process. All reported that participants were still very active in

tobacco cessation work in their communities. A contractor who had been involved in the development of the CCLI spoke highly of the APPEAL model on which CCLI is based, and cited APPEAL's leadership development model and staff as the primary contributing factors to effective tobacco cessation activities in Asian American communities nationwide.

Capacity building

The two most frequently noted commonalities and areas of emphasis in the contractor interviews were the value of CCLI for capacity building and conducting tobacco prevention and cessation efforts cross culturally. One contractor's recommendation to TPCP was that it provides ongoing support for the work of CCLI graduates (team leaders and fellows) while developing new team leaders and fellows. Great leaders, one contractor emphasized, are important in the communities, and CCLI gives people the tools and skills and confidence to take the lead in their communities on projects and in bringing people together.

"It did have a major impact in that the coalition wanted to find more representatives from the Native American communities and we did, building capacity as a result."- *Interviewee*

"[a good thing about CCLI is it] brings all groups together in an isolated environment with no distractions. It's a very intense training. Everyone appreciated the training—the skills are interchangeable, you can use them wherever you go. It helps build capacity—fellows recruit future fellows—passing the baton, drawing people in. Some of us have done this stuff forever...act as liaison for new people."

Cross Cultural Collaboration

Several contractors referenced the importance of a new and growing intra-community tobacco coalition they have formed, and attributed its development to some degree to the CCLI. One interviewee noted that participants learned to partner with other communities more effectively as a result of the CCLI training.

A contractor explained that in her community, mainstream organizations have not been very effective at working within diverse communities, and that despite the good intentions of DOH staff, institutional racism is still inherent in government systems. Communities of color and LGBTQ communities need support to enhance their knowledge and skills so they can work more autonomously to implement culturally appropriate strategies and materials. A cross-cultural tobacco coalition helps them pool resources; support each other, share experiences and leverage influence.

Sustainability

Comments in this section reveal that sustainability is directly linked to cross cultural collaboration. Numerous comments reflected a higher motivation for working and

communicating cross-culturally, sharing of resources and a greater need for increased communication between tobacco-related projects in general. These views are supported by the following quotes:

“Our new tobacco coalition is a result of CCLI, it is a natural progression, and provides opportunities for more leadership development...”

“Lots of coalition activities have happened since I got here in February such as building a coalition with people in Eastern Washington and a brochure and web site. Definitely coalition building [has been a highlight of the work, etc].”

“I think they should continue (CCLI), because most people get involved by feeling empowered. This (CCLI) gives people what they need. The 30 or 40 people become your team. Maybe one project per year should be done together, like a health fair or walkathon or something, or a legislative day. Cross cultural publication, media marketing, have representatives come up with marketing campaign around tobacco. These could be facilitators. We had the Latino Summit. We are stronger as a whole. People are collaborating together rather than competing. The institute people became a family. We could do something they all want to do. It’s supposed to be cross-cultural so if you can’t do things cross-culturally what’s the point?”

“Q: Of the core competencies, as a contractor, which competencies do you think are the strongest?

A: Probably building the coalition.”

One contractor suggested that CCLI itself, coming into its third year, is ready to be handed over to the communities. In summary, the intent was to gather relevant information on how to best complete this project with active participation from state contractors in regards to how CCLI has impacted their work.

Section 2: CCLI Participants of Year One

The section focuses on the findings from participant surveys and interviews. The survey questions will be followed by examples that reflect the core content of the responses. Questions presented in this section are to determine CCLI year one outcomes and the effectiveness of the institute. CCHCP staff administered 15 surveys and 13 responses were received.

Question 1: List activities that occurred in year one outcomes that you feel were a direct result of attending the CCLI?

CCHCP received a variety of responses from all the participants from each of the selected communities regarding post CCLI activities. The degree and quality of the outcomes were dependent on the systems, infrastructure and resources that were already in place in each of the communities.

Several recurring themes emerged in team leaders' and fellows' responses to this question.

- Community capacity building through development of new leadership provided a “springboard” for action.
- Skills and knowledge from the CCLI enabled participants to better collaborate within their communities and with other communities, better utilize resources in their communities, and to develop and increase networking.

A variety of activities were listed as direct outcomes of the CCLI such as:

- a voucher system for accessing a program's Pharmacy Based Tobacco Cessation Program,
- youth leadership and tobacco prevention,
- development of culturally relevant media and educational materials,
- increased and more effective,
- specialized outreach in specific communities,
- the development of an intra and inter-community tobacco coalitions,
- the Tobacco Monologue youth theater program,
- second-hand smoke education for parents of preschool-aged children,
- a youth conference, an adult conference, and many small group community workshops

Question 2: Please describe in detail one very successful event from year one activities.

Eleven respondents described an activity in response to this question. The following are a description of these activities.

One community successfully negotiated agreements that three of their community groups would host a presentation on tobacco prevention and cessation at their Board, general membership and/community meeting.

Three community partners were identified and over 150 cessation brochures were distributed at each of eight community events.

Two new members were added to the community tobacco coalition and new CCLI fellows were identified in the process.

Two community organized events that were highly effective included a twelve-week health care community challenge and presentations of *Tobacco Monologues*. The twelve-week health care challenge was a grassroots effort by the Tabernacle Baptist Church to have a healthier tobacco free church and was organized and coordinated by CCLI alumni. The Tobacco Monologues proved to be an excellent way of engaging urban youth in the area of tobacco prevention and the dangers of second hand smoke. This is a tool that has the ability to not only speak to youth but to families and the urban community as a whole as well.

One of the participating community groups was able to overcome some diversity barriers within the group through extensive dialog. The group was able to meet all their objectives and in the process learned extensively and provided education on tobacco prevention to the community.

Another participant cited a highly successful community media campaign that was directed to and created for the community, including people of color and rural populations. This project was clearly strengthened by the training received at the CCLI

Another participant's activities were centered on bringing awareness and call for action to a health district around culturally relevant tobacco issues.

Another helped form a coalition in Thurston County (Communities Against Tobacco - CAT)

Through the health fairs, a CCLI graduate educated others on traditional tobacco use.

Working as a team, participants organized a very successful youth conference that could not have been done without the guidance and tools received from CCLI.

There was teamwork with other agencies and intra-community and agency collaboration in meeting the community goals for tobacco prevention and cessation in general and in particular a community assessment on capacity in Eastern Washington

Question 3 - How important was the CCLI curriculum to the success of this event?

1-----2-----3-----4-----5
Not at all Most important

Of 11 responses to this question, the mean response was 4.45 out of 5.0; illustrating that participants believe the CCLI was a very positive influence on some of their most successful tobacco cessation work. In fact, seven respondents rated this at 5, while only one rated it a 2, and the rest were 4s.

Question 4 - Of the five core competencies, identify only one that has made the most impact on year one outcomes and identify only one that has made the least impact on year one outcomes on the lines below:

- tobacco prevention and control capacities
- fostering collaboration
- developing cultural and community competence
- facilitation and communication skills
- advocacy

On this question, the most common responses for “most impact” were *developing cultural and community competence*, which appeared four times, followed by *fostering collaboration*, which appeared three. The most popular response for “least impact” was *tobacco prevention and control capacities* which appeared three times. Three participants responded in essay form, generally expressing that all areas were necessary and couldn’t be rated.

Question 5 – What type of technical support, if any, did you require to help accomplish year one outcomes?

Participants’ technical support needs and solutions were many and varied. Some required the information services of the TPRC (Tobacco Prevention Resource Center) to keep up-to-date. Fellows consulted their team leaders and consulted TPCP state disparities contractors for guidance, advice, specific tools, and motivation. Specific communities exchanged support help with other communities. The TPCP’s Tobacco Prevention Resource Center provided tobacco 101 training. One participant reported difficulty securing “expert” tobacco personnel to present in their community. Another suggested a desire for some type of refresher education.

Question 6 - As a Team Leader/Fellow do you feel your responsibilities changed during the activities of year one? If so, how and why do you feel this way?

Though two respondents answered in the negative, eleven answered in the affirmative and described how things had changed. The CCLI provided skills that allowed participants to step into new roles that were more active and more leadership-oriented. However several reported that the new roles and responsibilities often contributed to the experience of being over-extended. Some individuals had to juggle more work than they had initially expected. Even so, most if not all of the participants who reported being too busy also reported feeling positive about their work, being highly motivated, and not minding the added expectations.

Question 7: Please submit additional concerns or comments, if any, on how CCLI has impacted year one outcomes, your team, and/or your community.

Eleven respondents submitted comments, and the comments were overwhelmingly positive with little negative input. A few concerns were expressed. One person wrote about the importance of registered voters and tobacco issues, and how this leads to neglect of “illegal” residents of Eastern Washington, and that Eastern Washington is politically neglected in general. Another suggested it would be helpful to “clarify/simplify and communicate the roles, responsibilities, and expectations of CCLI, community partner agencies, and fellows in the application process.”

Other comments expressed that the CCLI brings communities together to collaborate on common goals, provides specific tools to accomplish effective work, presents a unique and fulfilling experience, and is well-planned and facilitated, with quality content.

In summary responses reflect the stated outcomes of both DOH and CCLI year one which are:

- Increase community member competencies in expanding tobacco prevention, fostering collaboration, cultural and community competence, communication skills, and building advocacy
- Building relationships between participants of CCLI, state contractors, and communities of Washington State
- Building relationships cross-culturally
- To successfully carry out DOH works in targeted communities of Washington State in the most effective and efficient way, and as culturally competent as possible.

Section 3: CATALYST

Catalyst is an on-line system originally developed to capture DOH data on state contractual works. Its design involves journaling activities related to a multitude of events and is not devoted exclusively to the documentation of outcomes of year one activities of CCLI.

Recording Data

At the start of the evaluation process, TPCP asked CCHCP to review CATALYST entries submitted by each of the disparities contractors to document the activities CCLI leaders and fellows had accomplished in the year following the 2004 CCLI. It was quickly discovered that contractors reported in CATALYST in different ways. It was challenging to discern which activities were directly related to the work of CCLI participants and which were subcontractors and others who had not attended the CCLI. Some reported many activities and some reported few, but it was determined that this may not consistently reflect the work accomplished due to the design of Catalyst

System Incompatibility

Upon interviewing the contractors, CCHCP learned that the contractors had mottled understanding of how to use CATALYST, or how CATALYST would best work for them. Contractor responses were highly mixed regarding CATALYST. Some contractors, especially the ones who had joined their organizations only recently, had received no instruction on how to report in CATALYST while others had. Contractors had different views as to what DOH expected them to report in the system. At least one contractor reported that she was not told to include the work done by fellows and team leaders. For another contractor, the journal option in CATALYST worked best for their purposes. One group meticulously reported their numerous activities, giving names and organizations so that it was readily apparent whether or not CCLI participants were involved. Another group that has a large number of organizations in their network reported many activities though names of people. The corresponding organizations were not always included. It was also revealed by this group that it was impossible and impractical to report on every accomplishment of its fellows and team leaders.

In Summary

A common theme that emerged from the findings was that CATALYST was not currently suitable for capturing nuances and anecdotal data. Findings further support the need for a clear-cut process to educate users on reporting expectations that are comprehensible and uniform.

Limitations of the Assessment

Given the challenges outlined below, an intense effort was put forth to conduct this project in a thorough and comprehensive manner. Additionally, findings and outcomes were not significantly impacted challenges.

Short Time Line

The short timeline and the time of the year that this project was conducted presented several challenges in coordinating interview times and survey responses from the selected community participants and contractors who were vital to the assessment of the first CCLI. The project was conducted during a time when communities were in the full swing of conducting annual events and for a few it was easily the busiest time of the year. This time challenge prolonged response times to CCHCP's requests for interviews. Project deadlines had to be extended to accommodate the community without whose voice this assessment would remain incomplete. Some contractors had momentary trepidations regarding the process and the short timeline, but were cooperative with their answers and provided valuable suggestions for participant informant interviews and an effective assessment process.

Contractual Staff Changes

Another challenge surfaced when two of the five DOH contractor interviews were conducted with individuals who had started in their position midway through the year following the CCLI. The two contractors were not directly involved in the Institute and the people they replaced were not available for comment. Despite this hurdle, the contractors were fully cooperative and assisted in the process to the best of their ability.

Format Changes

Originally the 2004 CCLI participants were to be contacted by phone for a short 10-20 minute interview, but it was determined that emailing past participants would be a more time effective and efficient strategy for completing the process given approaching deadlines. Soon after the emails were sent, it became clear that the timing of the receipt of responses would be a challenge given the current realities of the CCLI participants. This phase of the project started at a time of year when individuals we needed to contact were out of the office due to vacations or travel, or involvement in large community

summer events that spanned days at a time. However alternate individuals were contacted to ensure accurate representation from each team.

Conclusion

The purpose of the assessment was threefold:

- Document the applied model
- Measure post CCLI activities and outcomes in the targeted communities
- Determine sustainability and potential for replication.

There were consistent findings in five areas that support the positive impact of the CCLI. However, the utility of the reporting mechanism for participant outcomes appears to have been inconsistent.

- 1) **Capacity Building:** Participant responses revealed that capacity building was enhanced by encouraging and training new community leaders. Additionally, training contributed to an increase in skills and tools to accomplish tobacco disparities work which also augmented internal capacity for participants.
- 2) **Cross Cultural Alliances:** This was repeatedly cited as a highly positive benefit of the institute. Participants were able to establish connections and even create new coalitions to work on shared goals as well as share resources.
- 3) **Sustainability:** By and large, respondents viewed CCLI as an empowering mechanism for communities and community leaders. To this end, it was perceived as a positive instrument which could be further developed to impact and shape change in communities.
- 4) **Curriculum:** CCLI contributed to expanded programming in many communities, which in turn, increases the need for resources. In many instances, the institute curriculum contributed to participants finding solutions. The flip side is that additional needs and supports were brought to light that were participant could not address. Nonetheless, the curriculum was deemed strong and cited as contributing to the success of events.
- 5) **Year One outcomes:** Overall, the assessment showed that participants were positive about the impact of the CCLI and noted that the success of culture specific educational materials produced and participatory events created for their communities could be attributed to CCLI.
- 6) **CATALYST:** There were varying degrees of success by users of CATALYST. While the reporting system proved to be somewhat cumbersome for a number of its users, others were able to efficiently document outcomes.

Categorically, assessment data supports that CCLI is a constructive model to use to build community capacity by engaging, training and mobilizing community members as tobacco prevention and control leaders in their respective communities. Increased capacity resulted internally and externally which was demonstrated by responses from CCLI graduates who, in turn, developed and implemented appropriate tobacco prevention and control programs for their communities. A major finding

validating the CCLI model was data supporting the sustainability of cross-cultural coalitions.

With the challenges addressed, the process was successful in achieving the goals of the assessment. CCHCP successfully met with all five DOH contractors via conference calls in the spirit of respectful collaboration and was met by the same. Information about the process was effectively disseminated to CCLI graduates. As a result, CCHCP researchers were able to reach a significant number of the projected number of interviewees. The project team and the project methodology flexed with the realities of the communities capturing data that is rich and abounds in the obvious success of the CCLI. (Table 1)

Acknowledgements

The CCHCP research team is grateful to the State Department of Health's TPCP program for this opportunity and to Dr. Clarence Spigner for his support, the state contractors and coordinators of CCLI and to the CCLI alumni for their participation and wisdom that has fully informed this report. The CCHCP team is hopeful that they have been successful in fully and faithfully representing the findings from this assessment project.

APPENDIX 1

Directory of Participants

FACILITATORS/TRAINERS

KEVIN FONG
321 HIGH SCHOOL RD NE # 182
Bainbridge, WA 98110
206-780-0472
kevingfong@seanet.com

ROD LEW
APPEAL
520 GLENVIEW AVE
Oakland, Ca 94610
510-757-8668
rodlew@aapcho.org

REIKO MAYENO
APPEAL
520 GLENVIEW AVE
Oakland, Ca 94610
510-757-8668

DAVE NAKASHIMA
6616 BANNING DR
Oakland, Ca 94611
510-530-0965
davenaka@tdl.com

PLANNING COMMITTEE/TPRC STAFF

SHELLEY COOPER-ASHFORD
Executive Director
Center for Multicultural Health
105 14th Ave, Suite 2C
Seattle, WA
206-461-6910
shelleyc@cschc.org

KIRSTEN HARRIS
Snr Program Assistance
Tobacco Prevention Resource Center
1809 7th Ave Suite 400
Seattle, Wa 98101
206-447-9538
kirstenh@jba-cht.com

WENDY NAKATSUKASA-ONO
Tobacco Prevention Resource Center
1809 7th Ave Suite 400
Seattle, Wa 98101
206-447-9538
wono@jba-cht.com

APRIL PACE
Regional Manager
Tobacco Prevention Resource Center
1809 7th Ave Suite 400
Seattle, Wa 98101
206-447-9538
apace@jba-cht.com

URBAN INDIAN COMMUNITY

JENNIE GREY
Program Director
Chief Seattle Club
419 Occidental AVE S Suite 508
Seattle, WA 98104
206-292-6214
jgrey_csc@qwest.net
Urban Indian Fellow

PAMELA NASON
Family Srvcs Coordinator
United Indians of All Tribes Foundation
PO Box 99100
Seattle, WA 98139
206-285-4425 x35
pamelanason98144@yahoo.com
pnason@unitedindians.com

ROSE RAPOZA
Tobacco Coordinator
Seattle Indian Health Board
PO Box 3364, 606 12th Ave
Seattle, WA
206-324-9360 x1145
roser@sihb.org
Urban Indian Fellow

JOAN STAPLES BAUM
Program Manager
Tahoma Indian Center
1556 Market St
Tacoma, WA 98402
253-593-2707
joan.staples@comcast.net
joans@cswv.org
Urban Indian Fellow

CRYSTAL TETRICK
Clinic Support Srvs
Seattle Indian Health Board
PO Box 3364
Seattle, WA 98114
crystalt@sihb.org
Urban Indian TM Leader

LGBT COMMUNITY

JOEL BENITEZ
2030 7th Ave #102
Seattle, Wa
206-338-3800
sloopcheck@hotmail.com
LGBT Fellow

PAULA BENNETT
Chairperson
LGBT Tobacco Coalition
Rainbow Cntr of Pierce County
11402 201st Ave E
Sumner, WA
253-862-0619
jalnarra@yahoo.com
LGBT Fellow

JOHN BENNETT
Tobacco Control Specialist
PHSKC
711 E Denny Way #307
Seattle, WA 98122
206-351-9343
mauddib79@aol.com
LGBT Fellow

MARY DZIEWECZYNSKI
Executive Director
Verbena
1121 East Pike Street #1333
Seattle, WA
206-323-6540
mary@verbenahealth.org
LGBT Fellow

ELLIAT GRANEY-SAUCKE
Director/Founder
Bend-It
1904 E Jefferson
Seattle, WA 98122
bend-it@riseup.net
LGBT Fellow

DUSTIN JOHNSON
Medical Assistant
Sound Eye and Laser
1220 Madison, Suite 1200
Seattle, WA 98104
206-351-4255
johnsond68@Seattleu.edu
LGBT Fellow

ALFREDO LOPEZ
Community Organizer
Gay City Health Project
1505 Broadway
Seattle, WA 98122
206-860-6969
alfredo@gaycity.org
alfredolo76@yahoo.com
LGBT Fellow

DAYLA PEREZ
Verbena
1122 East Pike Street #1333
Seattle, WA 98122
206-323-6540
dayla@verbenahealth.org
LGBT Fellow

KATHIE TOWNSEND
Executive Director
Sistah to Sister
PO Box 5436
Tacoma, WA 98415
253-212-2379
sistahtosister@comcast.net
LGBT TM Leader

HISPANIC/LATINO COMMUNITY

ROSA BABINO
Tobacco Coordinator
WA Assn of Community and Migrant
Health Centers
20819 72nd Ave S Suite 505
Kent, WA 98032
425-656-0848
rbabino@wacmhc.org
Hispanic/Latino Fellow

ANNA MARIA GARCIA
Social Worker
808 S 80th St
Tacoma, WA 98408
253-475-2097
annamariagarcia2002@netzero.com
Hispanic/Latino Fellow

GEORGE HERMOSILLO
Prevention Specialist
TPCHD
3629 S Proctor
Tacoma, WA 98418
253-573-1556
ghermosillo@tpchd.org
tova1964@harbornet.com
Hispanic/Latino Fellow

JOSE MENDOZA
OIC of Washington
221 S Lester Rd
Outlook, WA 98938
509-248-6751
josemendoza@yvoic.org
Hispanic/Latino Fellow

ANGEL ORTIZ HERNANDEZ
Managed Care Coordinator
Community Health Care
5041 S Sheridan Ave
Tacoma, WA 98408
253-597-4550
aortiz@commhealth.org
Hispanic/Latino TM Leader

PATRICIA RAMÍREZ NEAGLE
Program Manager/CDP
Foundation for Multicultural
Solutions/El
Camino Program
423 MLK Jr Way
Tacoma, WA 98405
253-572-3214
foundationformul@quest.net
Hispanic/Latino Fellow

JESUS REYNA
Regional Resource Coordinator
US Dept HHS-Public Health Services
2201 Sixth Ave, MS RX-20
Seattle, WA 98121
206-615-2506
emilianoypancho@hotmail.com
Hispanic/Latino TM Leader

MARIA SALADO
Program Manager/CDP
Centro Latino-SER
1208 S 10th St
Tacoma, WA 98405
253-572-7717
rmccool@centrolatino-ser.org
Hispanic/Latino Fellow

SERGIO TOVAR
Community Advocate
4738 15th Ave NE
Seattle, WA 98105
206-234-7931
checo@u.washington.edu
Hispanic/Latino Fellow

MARTIN YANEZ
NW Community Outreach
940 Durham Rd
Zillah, WA 98953
509-829-5313
myanez@kdna.org
Hispanic/Latino TM Leader

API COMMUNITY

CHERA AMLAG
WAPIFASA
606 Maynard Ave S, Suite 106
Seattle, WA 98104
206-223-9578
chera@wapifasa.org
API Fellow

NADINE CHAN
Pre-Doctoral Fellow
FHCRC and UW
PO Box 19024, MS-B842
Seattle, WA 98109
206-667-7569
nadine_chan@yahoo.com
API Fellow

DR SOON HAN
Korean Women's Association
125 E 96th St
Tacoma, WA 98445
253-538-8360
sjhankwa@nwlink.com
API Fellow

HAUNAIN-LYNN HIXENBAUGH
1200 108th Ave NE
Kirkland, WA 98034
425-821-5006
nanihix23@comcast.net
API Fellow

ANITA KIM
Coalition Coordinator
Asian Pacific Islander Coalition Against
Tobacco
606 Maynard Ave S, Suite 106
Seattle, WA 98104
206-223-9578
aakim@u.washington.edu
API Fellow

KATHY LIN
Program Assistant
Internat'l Community Health Services
412A Maynard Ave S

Seattle, WA 98104
206-461-3617
kathyl@ichs.com
API Fellow

MELISSA PONDER
Community Advocates
Internat'l Community Health Services
PO Box 3117
Seattle, WA
206-461-3617
melissap@ichs.com
API Fellow

LEE TANUVASA
WAPIFASA
606 Maynard Ave S, Suite 106
Seattle, WA 98104
206-223-9578
lee@wapifasa.org
API TM Leader

DR THUY VU
Refugee Immigrant Services Center
711 State Ave NE
Olympia, WA 98506
360-754-7197
risc@refugeeimmigrant.org
API Fellow

LEONDRA THERESA WEISS
RN, Public Health Nurse
Snohomish Health District
5121 80th St SW
Mukilteo, WA 98275
425-870-0558
lweiss@shd.snohomish.wa.gov
API Fellow

SAMANTHA YEUN
Hlth Promotion Specialist
TPCHD
3629 S "D" St M5126
Tacoma, WA 98418
253-798-2931
syun@tpchd.org
API TM Leader

AFRICAN AMERICAN COMMUNITY

ANDREA ALLEN-PADILLA

Presenter/Trainer

Padilla Consulting

12713 184th Ave SE

Renton, WA 98059

425-255-2500

etimpinay@msn.com

andrea@pepsgroup.org

African American Fellow

BRANDIE FLOOD

Staff

Center for Multicultural Health

105 14th Ave Suite 2C

Seattle, WA 98122

206-461-6910

brandie.flood@cschs.org

African American TM Leader

LAMAR JACKSON

Advisor/Recruiter

Eastern Washington University

1409 3rd St

Cheney, WA 99004

509-599-3656

ojackson@mail.ewu.edu

African American Fellow

MOROTHA PASHA

Program Lead

Tacoma Urban League-Masai Program

2550 S Yakima Ave

Tacoma, WA 98405

253-383-2007

marpasha@aol.com

African American Fellow

ROOSEVELT RUMBLE

Director

Boys and Girls Club

PO Box 2577

Oak Harbor, WA 98277

360-240-9273

bgcoh@oakharbor.net

African American Fellow

TABLE 1



